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ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF INDOLENT ULCERS.

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LECTURE III.

(*Continued from Vol.* XXXIV, *page* 284.)

Few can make issue with me that this kind is the most refractory. It not only resists change, but will often promise obedience and fairly commence repair, when, suddenly, the granulations collapse and wither, and the surface, which had begun to contract, soon has outskirts as free as before. The reason for these freaks is not so much the perverseness of the inflammation, nor any extraordinary acridity of the discharges, but a paucity or poverty of the blood. Long ere the ulcer announces its arrival, the tone of the economy is somehow degraded. Irritation can never, *per se*, breed a chronic ulcer. It wants the help of flabby fibre and poorly oxygenated blood. The sore, then, proves asthenia (*affaiblissement*), with a species of toxicohæmia.

The way to heal it is to interfere with the liberties of the noxious intruder, to make it abort. Mercury resolves this force very well, particularly when combined with iodine. To such a modifying influence on the blood, the use of chalybeates, to correct any inertia, is to be advised. Cod-liver oil pays good interest also. Its employment in these cases forced itself on me by virtue of its nutrient properties. Far am I from being a sanguine apostle of the faith that this oil acts as a solvent of deposits. In phthisis it is useful only because it supplants a loss of oil globules; and I have fancied some analogy between the disassimilation in tuberculosis and ulceration, so far as a proneness to waste is concerned. An indolent ulcer of two years' standing cicatrized in three weeks under the exclusive administration of the oil. Even when it fails to build up the wearied fibres, it seems to fortify the surrounding field against subsequent inroads, by supplying it with an extra amount of pabulum. It is, in a word, food, not medicine.

The diet is to be changed at the outset. Patients, especially the illiterate, bolt at believing that errors of living or the quality of food do much in provoking disorders of health. They are led, with no compunctions of good sense, to reason that a sore is as independent a lesion as a bruised eye; account for it as an accident; beg of you to confirm their version by swallowing, without hesitation, the history they have learned by heart; honestly repudiate the possibility of the blood as at fault; and stock confidence in some wash of Indian fame, or some salve stirred and blessed by an antediluvian dame. The sooner this superstition is scouted the better. Fermented liquors are first to be forbidden. Nine-tenths of ulcer cripples are whisky bibbers or pedestrian beer-tubs. To epicures or "high livers," a diet strictly vegetable and farinaceous is to be adapted. A change from animal to fish food is necessary, and all stimulants or condiments must be discontinued. The purpose, in brief, is to lessen the excess of fibrin, and to annihilate the gouty diathesis. The converse holds for the poor in body. Here we must add wealth to the blood. The problem, it must be confessed, is not easy. Sparse means face the

exigencies of most every case, and the cry of the tissues at the injustice done them goes unhushed. It is no marvel, then, that the crops of ulcers are the most exuberant with the laboring population. Yet some variation in diet can be planned. Fresh meat and fruits, with the cereal products, are within the reach of the purses of the majority, and store the blood in good degree with its appropriate funds.

The laws of cleanliness must be enforced. Indolent ulcers cohabit with the dirty classes. The skin is always diseased, either because charged with armies of acari or through absorption of foul exudations. Eczema and scorbutic rashes are firm friends to these sores. Soapsuds without stint will make the *real estate* shrink in value, while sulphur and alkaline baths will restore respectability to the degraded integument. The clothing is to be changed every day and disinfected.

In the topical treatment, there are three indications: (*a*) to keep the border from growing indurated, (*b*) to stimulate, (*c*) to support.

No ulcer can heal if its belt is thick or heavy with lymph. It is just this hard tissue that has none of the groundwork for cicatrization, and is to be removed. Poulticing was the old plan. Its success lay in its creating a slough, and then resort was had to stimulants. Blistering is advocated, after the same idea. All these agents, including nitric acid and Vienna paste, merely kill, do not arrest future effusions. A slough does no service, unless by its departure it relieves the tension of otherwise sound tissue; in this it generally fails. No better expedient offers than a free incision of the base and welt-like border. The gashes should be in parallel lines, and vary in number according to the size of the sore. Hot water, with liq. sodæ chlorin. (℥iij to Oj), should then flood the wound. If the tissue gives to the knife a sense of resistance, as in cutting parchment, excise all the parts, and essay to convert the ulcer into a wound. This done, one of two methods may follow. Expose the bleeding surface to currents of air from a bellows, or lay on lint soaked in ice-water; and as soon as the oozing has ceased, bring the edges into contact by adhesive strips, and cover with collodion, in the hope that the wound will heal by first intention. This procedure is confined to small ulcers. The other plan is to force cicatrization. This is attempted by lotions that are cleansing and stimulating. The policy is to instill into the lax tissue enough vigor to enable it to throw off a strong plasma, and is directed to ulcers whose territory is less circumscribed. The solutions of copper and zinc are in this respect profitable, and must be slightly caustic in their impression. No astringent effect is wanted, as it is not presumed that on a wound thus manufactured any surplus of secretion can show a need for repression. Tinct. capsici (℥j to aq. ℥j) fires the papillæ successfully. The Peru bals. is a ready agent. It is to be mixed with glycerine and dropped on oakum. Poured clear into the wound, it is not entertained as pleasantly, on account of its viscosity. Carbolic acid in ashes serves a double purpose. While they goad the granulations legitimately, they neutralize all traces of fetor.

If the knife is not allowed, through the bias of the party or from the proximity of the sore to vessels of size, the edges may be softened or made less callous by ointments. The glyceramyls are the neatest preparation. Cod-liver oil paste works graciously. My objection to all cerates is their rancidity. As found in shops, they are acid through fermentation. An unguent is supposed to possess the power of mollifying the raw tissue, and to restrain the laudable pus from evaporating. Hence they must be fresh, or compounded at the time ordered. As all samples are so unreliable, the animal oils are my choice. An excellent remedy to make the margin tender is iodine; painting with the tincture several times a week acts often as a specific. If the thickening is quite deep, the crystals, dissolved in glycerine, take hold better. The iodide of lead used in this way works a similar reform.

The last measure is electrolysis. To some it may appear that in advocating the pertinence of electrical currents to "old sores" I have been on a hunt for some novel dodge, and have gone mad with enthusiasm, like a few of my brethren, on the miraculous and unmeasured force conserved in this agent. I am not generous enough to believe that electricity can ever vindicate more than a sixth of the remedial coercion credited to it. It was solely an experiment that led me into the trick of trying such persuasions on indolent ulcers, and my skepticism has not been sustained by the trial. Electricity is to be recommended only in the first stage of the induration. When the borders become tough and puckered, it is useless.

After an acquaintance daily for two weeks with either current, the tissue will feel soft and take steps to contraction. An ulcer on the inner malleolus, which had turned against various forms of medication, succumbed to the sole presentation of electricity. Four other cases that were pensioners on my surgical beneficence for six to ten months recovered under the same auspices.

In the preceding remarks on the ways to abolish indurated margins, it was consented that the work of cicatrization could not go on so long as contraction was neglected. The fault may also be with the granulations. If these are insensible or ash-colored, or sprout so rapidly as to dangle from the base, they should be disturbed and a better crop favored. Granulations must be instructed to grow slowly, closely, and to secrete pus moderately. If all progressed thus, exudation cells would change without help to epithelial, the sore would shrink, and its investment blend with the marginal structures. The granulations, then, may be so weak as to need encouragement. Often they are suddenly absorbed, or form so late and tediously as to waste their strength in endeavors to grow. Stimulating dressings are then imperative. Wine of tar, decoction of pulsatilla, diluted alcohol and copper washes are the most serviceable. The "citrine ointment" or the nitric acid lotion answers by evasion of a trial of new pharmaceutical products. Iodoform works often as a specific on these sores. Dry lint should top the sore to keep the pus from drying, and to defend the sensibility of the granulations. If these soar too high or thicken ranks rapidly, we must thin and curb them. The question is, When? My rule leads me, just as soon as they overreach the borders, to level them to the same line. Nothing is gained by a savage cauterization. Nit. arg. is pow.erful enough. The entire area is to be penciled once in three days, and the cone is not to be plunged into the mass. The papillæ are to be just touched, as the mission of caustic is only to check temporarily any exuberance of exudation. It has evidently been the judgment of many that the redemption of a sore hung on a destruction of its means of repair. This is virtually what the violent service of nitric acid and the caustic compounds of potash, as defended, means. A solution of chlorate potassa has been prescribed, with numerous assurances of its happy working. The iodide sulph., sulph. cadmium, and hyd. oxyd. rubrum have been similarly tested. Granulations, thus kindly dealt with, early lose all fungous eccentricities and become coated with the rudimentary pellicle. Finally, the logic of ulceration teaches a pressing need for supports. Bandaging and strapping are the kinds in use. The former has taken to itself the prefix of an art, and as such has been amplified in treatises on surgery. The latter is its offshoot, and is making a history, to be avenged by and by. The law for each makes pressure everywhere equal and moderate, to which may be appended that no traction on the margin is permissible. The more extensive a cicatrix, the greater the liability of its remaining sickly or bursting, and hence no stress must be put on the tissue in contiguity, any more than on the granulations. If bandages are preferred, they must be selected of flannel or calico, and starched and dried. The length for the leg is four yards. Strips wider than three inches are unwieldy. The limb must be washed, and dusted with prepared chalk before the roller is started; and when the bandages encircle joints, surfaces uneven or exposed to friction, cotton batting may be slipped under the circles. Begin at the medio-tarsal junction, and fasten the first ring; lead the second or lap it half an inch; carry the roller across the instep, making it return on the opposite half, at the same angle; proceed, describing the same belts up the leg, or to the sore. All the plaits must be wound smoothly, within two inches of the ulcer, where the strip may be fastened and cut. The roller is not to be applied like a compress, nor in a way to flatten or cord the limb, but so that each fold shall *lift up* the parts. To approximate the edges of the sore, pass a strip of the width of the ulcer, and an inch and a half longer than the circumference of the limb, at the site of the sore, and stick the free ends to a pencil or penholder; then relieve the stick until it lifts the bandage as tight as it can be drawn, and fasten the coil by adhesive strips. The patient is to be instructed to turn this piece every third day, or whenever the plait slackens. Rightly adjusted, the bandages need not be rearranged for a week, unless the limb rebels at its confinement, or the cloth becomes soiled by the discharges. Securely as a bandage may be applied at first, it loosens in a few days; the cloth gives, or the circles become deranged through exercise. These risks turned surgeons to a substitute, strapping. Experience proves it superior.

A limb thus bound has a no less pleasant sensation. Originally, they were made to draw the edges into coaptation, but this intention has been modified, and the entire limb is now strapped, since, with the majority of indolent ulcers, a venous stasis prevails which calls for reduction, and an infirmity of the vessels that makes them need some stay.

The plaster should be of one strip, a yard long, half an inch wide, and rolled. Fasten the free head to the inner side of the foot, back of the toes, and moistening the plaster with a sponge as it leaves the hand, pass it around the member spirally. Carry the circles as far as the ankle; finish by one turn around the heel. Start another roller up the limb, caring that the doloires ascend regularly, in connected lines, not lapping, with a steady pressure, as far as the ulcer, which is to be crossed until covered. Whenever a conference with the sore is necessary, remove only the sections of plaster that cap it, then dress it with separate slips. If the leg is strapped comfortably and firmly, the plasters may remain untouched for weeks. It is better that they should, as the tissues are at once relaxed on their removal, and a severe strain is inflicted on the tender sprouts of skin.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON SURGERY AND ANATOMY.

DR. GARCELON, CHAIRMAN.

Dr. L. A. Sayre, of New York, read a paper* on Pott's disease, and exhibited an apparatus for suspending the patient, and also presented several cases thus treated. He urged that physicians, in place of sending such cases to specialists, should treat them themselves. His object was to show how easy it was for every one to treat these cases. In its early stages proper treatment will give prompt cure, without deformity. The constitutional treatment should be roast beef, beefsteak, mutton chop, and fresh air; relieve indigestion, if necessary. The paper was referred for publication.

Dr. Lee, of Philadelphia, said: We must treat cases of caries of the spine just as we do surgical cases; just as Dr. Sayre has done; like we treat a fractured limb. I have so long used other methods that I have got accustomed to them; but I should be wanting in duty to my patients if I did not put in practice this method, which has been so successful with Dr. Sayre. The difficulty is that these cases do not generally come under our care at an early day. They are believed to have worms, and are treated for worms, for a long time. Even physicians fail often to recognize the trouble.

One point, pain does not result by pressure over the carious spine. This is the general belief, and hence the failure to diagnose the disease. This I have insisted upon for years. Pressure, as Dr. Sayre says, relieves the pain. Professor J. K. Mitchell is entitled to the credit of first proposing a suspension apparatus to relieve these cases. But his idea fell into disuse. Dr. Mitchell's son suggested to me this plan, and I am now in the habit of using the suspension, by the occiput and chin, thus making extension of the spinal column.

Dr. Quimby, of New Jersey, thought it doubtful that all cases were the result of injuries. Why not the result of scrofula, etc.? He had not been able to detect, in a single instance, that an injury had been the cause.

Dr. Sayre replied that he had always taught that a very slight injury would cause a development of disease in a strumous child.

Dr. Dowell, of Texas, read a paper on hernia, from the *Transactions* of the State Medical Society of Texas, and detailed his method for its radical cure. Eighty cases in ninety-six were cured.

Dr. Martin, of Massachusetts, exhibited a splint for the treatment of Colles' fracture. He had succeeded with it in over forty cases, and had no deformity. The splint was that of Dr. Carr, of New Hampshire.

There have been very many splints contrived for the treatment of this injury, and although each acts partially, this alone answers every indication and obviates all deformity. None have treated the radius as a curved bone, but as though it were straight. After this splint is applied there should be no pain, unless from a severe strain of the wrist. Stiffness does not result, and at once the patient begins to use his knife and fork after the first week. It is simply treating the radius as a concave bone, and supplying the exact form of pad on which it should rest. The oblique cross-bar relieves the tendency to deformity on the radial side.

Dr.——, of Michigan: One of the great sources of trouble is the rupture of the annular ligament.

Dr. Martin showed how this could be met by the splint.

Dr. Sayre objected to the too early examination, as useless and dangerous; it risks nonunion.

Dr. Martin agreed with Dr. Sayre.

Dr. McClurg, Pa., did not regard this splint as necessary; he used Bond's splint, and had complete success. He examined at the end of three or four days, then at the end of three weeks. If nothing occurs, three visits only are required. He did not believe in readjusting splints constantly.

Dr. Dubois, of New York, had used, for this form of fracture, a shingle, laying a round stick obliquely on the end and fastening it with a band-

* We hope to present an abstract of this paper at an early day.

age, padding the splint to fill up the hollows as required. The indication is thus easily carried out.

On motion, Dr. Martin was requested to prepare his paper for the Committee of Publication. Adjourned.

SECOND DAY.

Dr. Easley, Texas, presented a truss from Dr. Ives, of New York. The improvement claimed is that the broad lever on the upper part of the pad retains it in position. Dr. Ives had used this in a number of cases with good results. It is called a "lever pad truss." The band is simply a piece of strong elastic. It is supposed that the flat lever, coming against the abdomen, will prevent it slipping.

Dr. Ives, New York, said that it was invented by a man who had double hernia; he had used many trusses, and all had failed; this relieved him. Dr. Ives had used it successfully in several instances.

Dr. Plummer, Illinois, introduced the subject of fractures of the femur. He alluded to the triple-inclined plane. He used it and got excellent results. When the patient is restless he always bandaged the thighs together. By this plane, the body can be placed at an angle of forty-five degrees, or less, and so with the thighs. The angle can be changed without changing the position of the parts. By this plan he believed shortening could be avoided.

Dr. Keller, Kentucky, thought the books and authorities wrong in saying that union could not be looked for in these fractures in the aged. He believed the cause was because of a wrong position and a want of fixation. He related cases of this fracture, some intra-capsular, where, by perfect apposition being obtained, a good result followed. The triple-inclined plane may be requisite in a fat, muscular patient. Therefore first carefully secure apposition, then fixation. He thought as much could be done by the position flat on the back, and the bandage coming up above the pelvis. He believed there should be as many complete recoveries in the old as in the young. He thought it a slur upon surgery to say otherwise.

Dr. A. Hewson, Philadelphia, who had been assigned to this hour to read a paper, gave way, that this discussion might go on.

Dr. Gray, of New York, had recently employed in a hospital, for the perineal band, two strips of adhesive plaster, extending longitudinally over the thigh and so fastened to the splint. It should be changed every fourth day. He had recently reduced a dislocation of the hip in a man sixty years of age, after a displacement of 271 days. He administered chloroform, and by manipulation, in one hour and a half, he succeeded, but not by rotating the limb outward, but inward. The position of the limb was perfect.

Dr. Keller said that the dressing of these fractures should be removed in four days, lest anchylosis occur, and this will require great care. Then it may remain.

Dr. Hewson, of Philadelphia, read a paper on Pirogoff's amputation, and showed several cases. On motion, it was referred for publication.

Dr. Quimby thought his own method preferable, especially in the young. He read a paper in 1869 on this plan. His was merely a modification of Plimson's method.

Dr. Post, of New York, had a case where in six weeks his patient walked. He made a curvilinear incision from one base to the other, and then separated the bones, describing his plan. He bore testimony to the value of Quimby's plan, and had seen excellent results. The great feature is that it leaves the anterior part intact. In older subjects, Symes' operation would be equally successfully.

Dr. Darby, of New York, liked this plan, and had seen cases where it had shown its value. He differed with Dr. Hewson as to the length of the cut toward the toes; it gives difficulty with the flaps. He would make this cut forward, curving, and then strip the flap back and saw through the articulation from before backward, rather than from behind forward.

Dr. Maclean, of Michigan: The difference between Symes' and Pirogoff's operations is essential. For diseases such as scrofulous disease of the ankle-joint, Pirogoff's is not best. If you leave any portion of the bone, the disease will return But from injuries, this objection does not obtain, and a portion of the bone may be left. He had helped Symes repeatedly, and had seen the best results in Edinburgh. His directions are most explicit, to shave off only a very thin section of the articular surface. The accumulation of fluid in the stump is prevented by the most simple expedient, making a longitudinal slit, and introducing a tent. If there is complete union, no harm is done; if a drain is required, you have it. He believed Symes' operation for disease of the bones of the ankle is the only one.

Dr. Hewson agreed with this view. Pirogoff's cases were the result of injury, and those of Symes were cases of diseased bone.

Dr. Post said his plantar flap involved no dissection. His shortening was generally three-fourths of an inch.

Dr. James R. Wood, of New York, was much interested in this discussion. His favorite operation was that of Symes. He had performed all the others. We must often modify any operation according to the case, according to the accident or diseased condition. We must fashion the stump as best we can. There is constantly a fashion in surgery, and each prefers his own, and each gets good results. The Surgeon-in-chief of the Russian army assures me that he performs Pirogoff's, but generally prefers Symes' operation. The epiphysis should not be removed, as it checks the growth of the limb. He thought the results of Dr. Hewson were beautiful. We have now a better atmospheric influence for our cases than we had thirty years

ago. My friend closes everything. I keep everything open. For the last fifteen months I have not closed a stump or wound after an amputation. The results are published to the world. Recovery occurs without any difficulty. I use carbolic and salicylic acid. I make large flaps, as they shrink greatly. I prefer lateral skin flaps, and also save all the adipose tissue possible. Rarely see surgical fever. These stumps shown by Dr. Hewson are worth a visit to Philadelphia to see. Let us not follow fashions, but a rational course in all our operations.

Dr. Lee, Philadelphia, demonstrated the use of suspension in spinal affections. The patient uses it for ten minutes, increasing one or two a day, until it is used for half an hour twice a day. It is susceptible of a variety of applications, as attached to a chair. It is generally necessary to restrain the patient in its use, as he is at once conscious of comfort. In reply to a question, he said that in a direct line, acting on the spinal column, it has more effect than when it is distributed, as under the arms, etc. In many cases the disease is above the shoulders.

Dr. Holton, of Vermont, asked to what this especially applied. He alluded to the caution taught us of lifting a child by the head as a dangerous proceeding.

Dr. R. J. Levis, of Philadelphia, demonstrated a dressing adopted by him in the Pennsylvania Hospital; a fixed dressing, instead of the starch bandage or plaster-of-paris. It is ordinary glue. By adding oxide of zinc, it hardens with great rapidity. Any kind of texture may be used as the dressing, the glue giving permanency. He exhibited several dressings as used at the hospital for fractures of various kinds. The bandage is applied, then smeared with the glue and oxide of zinc. The white appearance is caused by it. If too much zinc is added, it makes the dressing brittle. This dressing is very inexpensive, and easy of application. The materials are always at hand. It hardens in a few hours. Any kind of texture will do as a basis for this dressing. He called attention to a new article of lint, cheaper than the ordinary English, eight cents a yard, fifty cents a pound. It is of different kinds and thicknesses. It is now much used in the Pennsylvania Hospital.

Dr. Hodge, of Philadelphia, protested against some remarks that had been made. We cannot always succeed without shortening in fracture of the femur. Complete fixation is best, but it cannot always be carried out. He said, without fear of contradiction, that tonic contraction will occur in a fractured limb; the muscles will contract, especially in oblique fractures of the thigh, unless there is fixed counter-extension. Buck's apparatus, of simple extension by elevation with the foot pad, avoids the use of the perineal band, and gives good results. Dr. N. R. Smith's splint gives as good results, but it requires more tact. I am surprised that Dr. Sayre has not used suspension in fractures, and thus free his patient from suffering, for thus we have the least possible pain. Allowing the patient to sit up or lie down at will, exposes the limb to contraction and union may not occur.

Dr. Sayre was pleased with the remarks of Dr. Hodge, because they were practical. He directed attention to Dr. N. R. Smith's angular splint, as it simply puts the limb in the precise position as on his triple inclined plane. The only advantage of the latter is that you can allow the patient to be out, and send him to St. Louis if you like, while Dr. Smith's splint will not allow a removal from one car to another. He believed union of the bone would occur in twelve to fourteen days as firmly as in a longer time, and then it may be examined daily. He believed fixation was possible. No extension is required after adjustment. It only excites reflex muscular action.

Dr. Post had visited the hospitals after the war, and found many fractures being treated by extension with pulley and weight, and others by Dr. Smith's suspension apparatus. He found this best in results. There was less shortening. He saw no necessity for suspension in young children, if they were comfortable.

After some further remarks on personal matters, the section adjourned.

THIRD DAY.

Dr. Sayre exhibited the application of the plaster-of paris bandage to a boy with spinal disease. The father of the child, a physician, had first attempted the application, but failed, though it seemed useful to the boy. As soon as the apparatus was applied he got up and ran about. The doctor could not fix it; at first it was too tight, then too loose, hence he consulted Dr. Sayre.

Dr. Sayre thought the light netting he was about to use not so good as the flannel used by Dr. Levis yesterday in his exhibition. The cloth is soaked in water, and then, with the child suspended so that his feet are free from the ground, the bandage is rolled around him. First, however, measurement is made by a piece of flexible zinc, which accommodates itself to any curve. This is marked on paper, and after the child is suspended the zinc is applied again, and the change from suspension noted. We first begin with the waist, at the smallest part, winding it around snug and smooth, so as to completely encase the child from the pelvis to the thorax; strips of tin are inserted occasionally. Then apply the plaster, and as the plaster becomes set, let the boy lie down until it is thoroughly dry. Protect any projecting joints of bone with soft pads. To-morrow this boy will be playing as if nothing were the matter. In a month or two he might be again suspended, and get him a little straighter, and so repeated until perfectly well. Had he been suspended early, there would have been no deformity.

A fashionable young man with such a bandage on, attended a ball, but one would not have dreamed of his having it on. This is the best apparatus of all, and fully answers every

indication. With this, all other mechanical appliances are worse than useless. As the necessity arises by growth, etc., cut open the jacket and put on another.

Fractures of the femur was again brought up by a member from Illinois, who objected to the positive ground taken by Dr. Sayre, yesterday, that deformity should not occur. He urged the advantages of suspension and extension, and objected to fixed apparatus, as resulting in bed sores, etc. With the suspension apparatus, the patient can sit or lie, as he feels most comfortable; he can move from side to head, etc., use the bed-pan, or other apparatus. With fixation there are atrophy, compression of the vessels, want of nutrition of the parts. He alluded to the difficulty of measuring, showing how even experts differ in their measurements.

On motion of Dr. Quimby, of New Jersey, Dr. Thompson was appointed a committee of one, to report on the degree of inheritance in syphilis.

Dr. Quimby remarked upon the extraction of polypus from the uterus. Twist it and allow it to remain *in situ* a few days, so as to cause sloughing at the stump. He did this in one case, and on the fourth day brought away the mass. It was a fibrous polypus as large as a fœtal head. He tried this again and again, and each time succeeded. No hemorrhage results.

Dr. Dunlap, of Ohio, had also done this, but preferred the wire and the ecraseur, because the sloughing endangers the patient, and pyæmia may occur. The tumor might be so large as not to be susceptible of twisting.

Dr. Quimby—If it fills up the vagina, how can you feel around it with the finger?

Dr. Dunlap—Each case must be separately determined by the physician.

Dr. Atlee, of Lancaster—The vulsella will be a great aid in bringing away the ligatures, or in placing the wire. If you twist, never stop; keep on till you bring away the tumor, and thus avoid the danger of septicæmia. But sometimes the neck is too thick, and the ordinary instruments fail us. He related a case, in which the tumor was as large as an ordinary fœtal head. It seemed like a head just descended into the pelvis. Finding no room to work at it as usual, I applied the obstetric forceps, and succeeded in drawing it about half way out of the labia, and thus was enabled to get my fingers into the cavity of the uterus. It had a short pedicle about as thick as my wrist, say an inch and a half in diameter, and very firm in consistence. I threw the chain of the ecraseur around it; but while working at it, I rendered the instrument useless by bending it. My aid then drew it further down, and by the chain I cut it off and removed it. She rapidly recovered. Always in such cases, with the vulsella, the placental or obstetric forceps, draw down the tumor. There is no danger. But if you twist, and leave it there, then there is great danger of blood-poisoning.

Dr. McClurg detailed a similar case, which, having a slight pedicle, he twisted off.

Dr. Reyburn, of District of Columbia, agreed that it was better to at once remove the tumor, and dangerous to leave it.

Dr. Garcelon, of Maine, had united two catheters, and by passing the ligature around the tumor, had then drawn it tightly and strangulated the tumor.

Dr. Atlee, of Philadelphia, as a hemostatic in these operations, used the persulphate of iron. It is an antiseptic also. A fibroid will not produce hemorrhage unless subperitoneal. The fibroid is an imperfectly organized body, and derives its circulation from the hypertrophied mucous membrane and the large vessels which surround it. When the bleeding is profuse, pass the end of a bistoury into the cavity of the uterus, guided by the sound, and cut into the mucous membrane till you feel it grating like gristle in the tumor; not a drop of blood will follow five minutes after that. Most probably, after a while, the tumor will be driven out and the membrane will then come together and heal up.

The best thing against the formation of pus is the sulphurous acid. Have it in the atmosphere; fill the air of the room until a little irritation of the air passages results. It may also be inhaled, and thus make its way into the blood. As to twisting, if he could turn a pedicle three or four times, he would not leave off till the pedicle gave way. Small polypi he always treated thus. Intra-mural fibroids he never meddled with, unless they are doing mischief. Then we must interfere, as before mentioned. Incise the tumor; with the finger passed around, detach it from its covering and enucleate it, just like peeling an orange from its skin. Ergot will then aid in expelling it. The nail of the forefinger will cut through the membranes and aid in shelling it out.

Dr. Post—In the vascular forms the danger of hemorrhage is very great, and often will require the use of the tampon and styptics. He greatly feared septicæmia when any body was permitted to remain and break down within the uterine cavity. The condition of the patient is generally extremely favorable to absorption of any poison which may come in contact with the surfaces. For this reason, he would regard as very unjustifiable the idea of letting the dead polypus remain in the cavity. Adjourned.

PROCEEDINGS OF THE ASSOCIATION OF THE REPRESENTATIVES OF AMERICAN MEDICAL COLLEGES, HELD AT PHILADELPHIA, JUNE 2D AND 3D, 1876.

A convention of representatives of numerous medical colleges of the United States was held in the hall of the Jefferson Medical College, of Philadelphia, June 2d and 3d, 1876, in pursuance of the following call:—

LOUISVILLE, KY., May 15, 1876.

Following a general correspondence with the various medical colleges of the United States,

the undersigned issue this call for a convention, to be held in Philadelphia, on Friday, June 2d, 1876, four days in advance of the meeting of the American Medical Association. The object of the convention is to consider all matters relating to reform in medical college work.

That decided results may be reached, the faculty of each college is requested to send one or more delegates, clothed with *plenary* powers to determine final action on every question.

Should any college find it impracticable to send a representative, it is hoped that it will set forth fully by letter to the convention the views it may hold touching the suppression of existing evils and methods of practical improvement.

Officers of the following colleges have informally signified their hearty approval of the movement:—

Jefferson Medical College, College of Physicians and Surgeons, N. Y., Bellevue Hospital Medical College, Ohio Medical College, Miami Medical College, Rush Medical College, Detroit Medical College, Louisville Hospital Medical College, Medical Department of University of Louisville, St. Louis Medical College, Keokuk Medical College, Cleveland Medical College, Starling Medical College, Medical Department of Georgetown College, Medical Department of Columbian University, Long Island College Hospital, Medical Department of Syracuse University, Evansville Medical College, Indiana Medical College, Medical Department of University of Nashville, Atlanta Medical College, Mobile Medical College, Savannah Medical College, Augusta Medical College.

The convention will be called to order in the hall of the Jefferson Medical College at 11 o'clock A. M. on the day above named.

J. B. Biddle, M. D., Jefferson Medical College.
Wm. H. Mussey, M. D., Miami Medical Col.
John T. Hodgen, M. D., St. Louis Medical Col.
J. Adams Allen, M. D., Rush Medical Col.
W. T. Briggs, M. D., Medical Department University of Nashville.
J. M. Bodine, M. D., Medical Department University of Louisville.

At the hour named the following representatives assembled:—

Jefferson Medical College—Prof. J. B. Biddle and Prof. S. D. Gross.

Medical Department University of Pennsylvania—Prof. R. E. Rogers.

College Physicians and Surgeons of New York—Prof. Edward Curtis.

Medical Department University of Louisville—Prof. L. P. Yandell, Jr., and Prof. J. M. Bodine.

Hospital College of Medicine of Louisville—Prof. J. A. Larrabee and Prof. T. C. Wilson.

Long Island Hospital Medical College—Prof. J. H. Raymond.

Medical Department University of Iowa—Prof. E. Clapp.

College of Physicians and Surgeons Syracuse University—Prof. H. B. Wilbur and Prof. Van Dyne.

Chicago Medical College—Prof. L. Curtis.

Medical Department University of Georgia—Prof. E. Geddings.

Indiana Medical College—Prof. T. B. Harvey and Prof. L. D. Waterman.

Medical Department University of Wooster—Prof. W. J. Scott.

Cleveland Medical College—Prof. J. H. Bennett and Prof. Heims.

Detroit Medical College—Prof. E. W. Jenks and Prof. L. Connor.

Starling Medical College—Prof. S. Loving.

Medical Department University of Vermont—Prof. H. D. Holton.

St. Louis Medical College—Prof. J. L. B. Alleyne.

Atlanta Medical College—Prof. W. F. Westmoreland.

Medical Department University of Nashville—Prof. W. T. Briggs.

Medical Department Vanderbilt University—Prof. T. A. Atchison.

Missouri Medical College—Prof. A. P. Lankford.

Keokuk College of Physicians and Surgeons—Prof. J. J. M. Angier.

Columbus Medical College, Prof. J. F. Baldwin.

On motion of Professor Yandell, Prof. J. B. Biddle was elected President of the Convention, and on motion of Prof. Bennett, Prof. Leartus Connor was elected Secretary.

On motion of Prof. E. Curtis, it was

Resolved, That the action of the Convention shall not be considered binding upon the colleges represented unless endorsed by their respective faculties.

On motion of Prof. Gross, it was

Resolved, That a committee be appointed to submit business for the consideration of the Convention, to report at the afternoon session.

The chair appointed as this committee, Profs. Bodine, Gross, Geddings, Holton, and Scott.

The Convention adjourned until 4 P. M.

AFTERNOON SESSION.

Pursuant to adjournment, the Convention reassembled at 4 P. M., the President in the chair.

The minutes of the last meeting were read and approved.

Prof. Bodine, from the committee to prepare business for the Convention, reported the following questions for its consideration:—

1. Shall the beneficiary system, with its present abuses, be condemned or endorsed?

After discussion, on motion of Prof. E. Curtis, the following preamble and resolutions were adopted with reference to question first:—

Whereas, the practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore,

Resolved, That this Convention regards the above privilege as one to be deprecated in general, and, if put into practice at all, to be

exercised both rarely and reluctantly, and only in unusual circumstances, and after unsolicited application by proven deserving candidates.

Resolved, That anything like a wholesale system of such reduction or remission of established fees, or any open solicitation of recipients of such favors, be regarded as in the highest degree improper, and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

2. Shall two consecutive courses of lectures in one year entitle students to become candidates for graduation?

On motion of Prof. E. Curtis, it was

Resolved, That it is the opinion of this Convention that no two consecutive sets of lecture tickets shall be regarded as fulfilling the usual prerequisites of instruction for graduation, where the time between the beginning of the first course and the end of the second is less than fifteen months.

Question 3. Shall any faculty, under any circumstances, issue a diploma not bearing the graduate's name?

On motion of Prof. Waterman, it was

Resolved, That no medical faculty should issue a diploma not bearing the graduate's name.

It was ordered that the meetings of the Convention shall be at 10 A. M. and 4 P. M. On motion, the Convention adjourned.

SECOND DAY.

The Convention reassembled on Saturday, June 3d, at 10 A. M., the President in the chair.

The minutes of the previous meeting were read and approved.

On motion of Prof. L. P. Yandell, Jr., the regular order of business was suspended, and communications were read from the faculties of the following medical colleges:—Louisville Medical College, Kentucky School of Medicine, Evansville Medical College, Rush Medical College, Medical Department University Louisiana, Medical School of Harvard University, Savannah Medical College, Cincinnati College of Medicine and Surgery, Medical College of State of South Carolina.

On motion of Prof. Atchison, these communications were placed on file.

Question 4. Shall this Convention resolve itself into a permanent organization?

On motion of Prof. Atchison, it was

Resolved, That the question be referred to a committee of five, to report at the afternoon session.

The chair appointed as this committee, Profs. Atchison, L. Curtis, E. Curtis, Yandell and Scott.

On motion of Prof. Rogers, the President and Secretary of the Convention and Prof. Atchison were appointed a committee on publication.

Question 5. Is there any reason why the customary diploma fee shall be abolished?

On motion of Prof. Rogers, it was

Resolved, That it is the sense of the Convention that the diploma fee should not be abolished.

Question 6. Is it advisable to adopt a graded course of study?

On motion of Professor Bodine, the following preamble and resolution were adopted in reference to this question:

WHEREAS, a knowledge of the elementary branches of medicine should precede a study of the practical branches,

Resolved, That, in the hope of inducing students to prolong and systematize their studies, this Convention recommends to all medical colleges to offer to students the option of three courses of lectures, after a plan similar to the following: Students who have attended two full courses of lectures on anatomy, chemistry, materia medica and physiology, may be examined upon any of these subjects at the end of their second course. During their third course such students may devote themselves to the lectures upon the theory and practice of medicine, surgery, obstetrics and diseases of women and children, upon which subjects only they shall be examined at the final examination for the degree of M. D.—their standing, however, to be determined by the results of both examinations.

On motion, adjourned till 4 P. M.

AFTERNOON SESSION.

The Convention reassembled at 4 P. M., the President in the chair. The minutes of the last meeting were read and approved.

Professor Atchison, from the committee to whom the subject of permanent organization was referred, reported the following resolutions:—

Resolved, 1. That this *Convention* now proceed to form a Provisional Association of American Medical Colleges, under its present officers.

Resolved, 2. That when the Association adjourns, it shall adjourn to meet at the call of its President.

Resolved, 3. That the various medical colleges be invited to take into consideration the project of forming, at the next meeting of this Provisional Association, a permanent Association of American Medical Colleges.

Resolved, 4. That for the furtherance of this object, a committee of three be appointed at this meeting, to confer by letter with the various colleges, and invite their views on the proper object and plan of such proposed organization; and upon the receipt of the same, to draft a constitution and by-laws for a permanent Association, to be submitted at the next meeting of this Association.

Resolved, 5. That the advisory resolutions upon matters of college policy passed by this Convention be printed and forwarded to all regular medical colleges in the United States for their consideration.

The chair appointed as committee to carry out the foregoing resolutions, Professor T. A. Atchison, Professor Edward Curtis and Professor L. P. Yandell, Jr.

These resolutions were adopted, and the Con-

vention resolved itself into the Provisional Association of American Medical Colleges.

Question 7. Is it proper for a regular college to have any kind of alliance with homœopathy?

On motion of Professor Atchison, it was unanimously

Resolved, That in the opinion of this Association, medical colleges ought not to recognize or hold fellowship with any school or its alumni in which irregular medicine is taught as a part of the curriculum.

Question 8. Can college fees be made uniform?

On motion of Professor Geddings, this question was referred to a committee of five, to report at the meeting of the Association to be held in 1877.

The chair appointed Professors Geddings, Gross, Angier, E. Curtis and L. Curtis, this committee.

On motion of Professor Biddle, the following resolution was unanimously adopted:

No degree in medicine shall be conferred, under any circumstances, except after an examination in person of the candidate upon all the branches of medicine.

On motion of Professor Atchison, the thanks of the Association were tendered to the President for the able and impartial manner in which he had discharged the duties of the chair.

On motion of Professor Yandell, the thanks of the Association were tendered to the Secretary for his efficient services.

On motion of Professor Larrabee, the thanks of the Association were tendered to Jefferson Medical College for the use of the hall and other courtesies.

On motion, the Association adjourned to meet at the call of the President.

J. B. Biddle, M. D., *President.*
Leartus Connor, M. D., *Secretary.*

RHODE ISLAND STATE MEDICAL SOCIETY.

The sixty-fifth annual meeting of the Society was held in the second week in June. Dr. Geo. W. Jenckes, of Woonsocket, President, in the chair.

The report of Censors and records for last annual and quarterly meetings were read and approved.

Dr. E. M. Snow, for the Committee on Registration, reported verbally that the State registration report for 1874 had been issued, and placed with the Town Clerks for distribution, and could be obtained in Providence, at the office of the Superintendent of Health.

Dr. W. E. Anthony, for the special committee in the case of Dr. Thomas Mathewson, accused of practicing abortion, including report of censors on the case, recommending his expulsion from the Society. Report was received and adopted.

On motion of Dr. Mann, to expel Dr. Mathewson for violation of the rules of the Society, a vote was then taken, and Dr. Mathewson was expelled by a vote of more than two-thirds of the Fellows present.

Dr. W. E. Anthony, delegate to the Annual Convention of the American Medical Association, at Horticultural Hall, Philadelphia, Tuesday, June 6th, read a written report of the meeting, with a brief digest of its proceedings, which was read and received.

Dr. S. A. Arnold, Secretary, read the Annual Report of the Trustees of the Fiske Fund, which was received and ordered to be recorded. The Report shows a balance in the hands of the Trustees of $1242.64. The Trustees make no awards of premiums on the subjects offered for essays last year. For the best dissertations on the following subjects, or either of them, the Trustees offer the premium of $200 for this year:—

First, What is the best means, civil, social and medical, that can be used for the prevention of disease?

Second, The causes and nature of cerebral disturbances, so frequently occurring, especially those following active mental exercise.

Dr. W. O. Brown stated that the State Board of Pharmacy, which was chartered by the General Assembly, upon the petition of this Society, six years since, had become a very useful and successful institution, and should receive recognition and encouragement from this Society. He presented several copies of the Annual Report of the State Board of Pharmacy for 1876. The Report shows there are eighty-four registered pharmacists and thirty assistant pharmacists in the State, and expresses the satisfaction of the Board with the successful and harmonious working of the law, since its enactment six years ago, and the beneficial effects resulting therefrom.

The annual election of officers was then proceeded with, and the following named candidates were elected officers of the Society for the ensuing year, after Dr. Jenckes had been reëlected President and declined:—

President—Dr. Edwin M. Snow, Providence.

First Vice-president—Dr. Charles H. Fisher, North Scituate.

Second Vice-president—Dr. Edward T. Caswell, Providence.

Recording Secretary—Dr. Walter E. Anthony, Providence.

Corresponding Secretary—Dr. Edward M. Harris, Providence.

Treasurer—Dr. Timothy Newhall, Providence.

Board of Censors—Drs. Ariel Ballou, James H. Eldridge, George Baker, Otis Bullock, Sylvanus Clapp, Welcome I. Brown, David King, J. W. C. Ely.

Registration Committee—Drs. E. M. Snow, E. T. Caswell, James H. Eldredge.

Publication Committee—Drs. C. O'Leary, W. O. Brown, H. G. Miller, C. T. Gardner.

Auditing Committee—Drs. C. W. Parsons, C. W. Fabyan.

Dinner Committee—Drs. S. Newell, A. E. Ham.

On motion, it was voted to hold the quarterly meeting in September, in Lyceum Hall.

Dr. O. C. Wiggin, delegate to the annual meeting of the New Jersey Medical Society, reported briefly upon various medical questions discussed there, and of the fraternal attentions which made his visit a very pleasant one.

Dr. Wiggin then delivered the annual address before the Society, upon the subject of "The Cause of Discrepancy in Medical Testimony given in the Courts of Law." The paper of Dr. Wiggin was an able presentation of its subject, showing the difficulties that attend medical and other expert testimony when given in courts, and that discrepancies must exist in such testimony, in the very nature of things.

HARFORD CO. (MD.) MEDICAL SOCIETY.

Pursuant to adjournment, the regular meeting of the Medical Society of Harford county was held in Bel Air, on Tuesday, May 9th, 1876.

Dr. R. H. Milner, of Port Deposit, who was present at the meeting, offered some remarks as to the contagion of typhoid fever, and referred to a number of cases, evidently communicated by contagion, that had occurred in his town. He considered that a temperature of over 104° in the early stages, unless in a decidedly malarial locality, was a very unfavorable sign in typhoid fever.

Dr. Virdin reported a highly interesting case of Bright's disease which had quite recently come under his observation in consultation. He first saw the patient (aged 51) after she had been sick about five weeks. The patient's trouble at the time appeared to be entirely referable to the stomach. There was no pain after she was seen by Dr. V., though its previous existence had been reported. Yet she was frequently annoyed with nausea and vomiting, and there was rapid emaciation progressing, and incessant anorexia. The matter ejected from the stomach in chief appeared to be ordinary bile. The temperature of the patient which was first noted ten days previous to death and then daily until the date of that event, never exceeded 101.5 degrees, nor less than 99 degrees. It was noted that the urinary secretion was very nearly normal in quantity; and when examined by Heller's test and heat, eight days before death, the quantity of albumen was so small as to make it of no value as a diagnostic symptom.

At the same time that these tests were applied the microscope was also used. The microscopic examinations of the urine were made by Dr. Milner, of Port Deposit, to the great value of which instrument the gentlemen were entirely indebted, in the absence of the rational symptoms, for their diagnosis of the exact character of the disease. The casts were pale, small, and not very abundant at the first examination, but at the same time were distinctly granular. At the two subsequent examinations the casts were much more abundant, were larger and darker, more irregular and ragged. The last of these examinations was made on the day previous to death. There was no dropsy; no disease of the heart, nor was there any coma or convulsions antecedent to death; thus illustrating, by the absence of these conditions, that the patient died of contracted kidney.

The nausea and vomiting in the case could only be accounted for upon the theory of the presence of urea in the circulation, and that the efforts of the stomach were induced for its elimination. This case is illustrative of the great value of the microscope in the absence of a post-mortem examination, which in this instance was not attainable.

The following officers and delegates were unanimously elected:—

For President—Dr. W. W. Virdin.

Secretary—Dr. W. Stump Forwood.

Treasurer—Dr. R. D. Lee.

Assistant Secretary—Dr. H. Clay Whiteford.

Delegates to the American Medical Association, to meet at Philadelphia in June.—Drs. J. Ward Scott, W. W. Hopkins and W. Stump Forwood.

Alternates—Drs. S. B. Silver, R. D. Lee and C. E. Iddings.

Dr. Lee then arose and announced the death of one of the members, Dr. Geo. H. Roberts, which had taken place quite recently.

The next meeting will be held in November next, at Churchville.

W. Stump Forwood, *Secretary.*

Editorial Department.

Periscope.

Snuff-taking as a Therapeutic Measure.

Dr. W. L. Watson, of London, writes to the *Lancet:*—I may perhaps call attention to the use of tobacco-snuff as a means of curing a cold in the head. I have frequently tested it, and have found it answer extremely well. The first pinch commonly excites sneezing (i. e., in those who are not habitual snuff-takers); but after the second or third pinch the powder remains in the nostrils, and forms a coating of the mucous membrane. A flow of thin serum then begins, and the sense of fullness and obstruction at once subsides. In a few hours the cold is cured, or at the latest survives only for a single night. The snuff should be used freely, and the coating

formed by it on the mucous membrane should be left undisturbed for several hours, blowing the nose being meanwhile avoided until all feeling of "stuffiness" in the nostrils has subsided.

This remedy, however, is extremely distasteful to some persons, and ladies can rarely be persuaded to try it. To such patients the inhalation of the mixed vapors of ammonia and carbolic acid will be more acceptable, and according to my experience answers almost as well. The formula for this preparation is as follows: Crystallized carbolic acid, five grains; rectified spirits of wine, twenty minims; liquor ammoniæ, five minims; distilled water, ten minims. A few drops of this solution are placed inside a cone of blotting-paper, and the open end of the cone applied to the nostrils for inhalation, the heat of the hand being sufficient to accelerate the vaporization of the fluid if necessary. This answers admirably in many cases of simple catarrh of the nasal passages; but if used for catarrh affecting the air-passages, is too irritant, and must be avoided in all such cases.

On Muscular Contractions.

This is the subject of a pamphlet by Dr. I. Straus, of Paris, noticed in the London *Medical Times and Gazette.*

Dr. Straus defines a "contracture" as a tonic, persistent, and involuntary contraction of one or more muscles. The phenomenon is of an active and lasting character, and is to be distinguished from mere shortening depending upon the conversion of muscular into fibrous tissue (cicatricial), or upon the paralysis of opposing muscles, and from cramps and convulsions which are of a transient character.

Contractures due to diseases of the cerebro-spinal axis are first described, and Dr. Todd's classification is adopted. The pathological changes consequent upon cerebral hemorrhage and their connection with contractures is described, but nothing is added to what is already well known. A good description of the so-called "hysterical contractures" is given, derived chiefly from Charcot's work. The name is not a good one, for, as Dr. Straus points out, such cases, when of long duration, are shown to be dependent upon organic lesions, so that it is probable that there are less marked changes even in the slighter cases.

Electrolysis in Aneurism.

At the close of a lecture, reported in the *British Medical Journal*, Mr. J. Duncan, lecturer on surgery in the University of Edinburgh, said:—

I shall now endeavor to sum up for you the conclusions which I draw from a review of the history of electrolysis in aneurism, and my own experience of its working. I beg you to understand that I speak tentatively only; that I am not inclined to dogmatize.

1. In aortic aneurism, electrolysis is available to prevent external hemorrhage; and in such cases the operation should be prolonged, that it may occupy, so far as is possible, the external sac with the electrolytic products.

2. Even when the aneurism has not penetrated the wall of the thorax or abdomen, electrolysis may be hopefully used after a trial of other remedies, but should not be pushed to the same extent.

3. In external aneurisms, electrolysis should be tried, if compression be not available, or have failed; and it is to be preferred to ligature—at least of the innominate and iliac arteries.

4. Both poles ought to be inserted, unless the aneurism be fusiform, or too small to admit them.

5. If only one pole be used, the positive should be inserted, because its clot is firmer and more adherent, though smaller.

6. The needles ought to be insulated, by means of vulcanite.

7. The battery should have large electromotor force. If both poles be inserted, from four to six cells of medium size should be used; if one only, a large number of cells of smaller size are required.

Origin of Urea in the Body.

In a recent paper on this subject, mentioned in the *Lancet*, Dr. Salkowski observes that the principal facts at present known bearing on this point are that certain amido acids, after their ingestion into the alimentary canal, appear in the urine in the form of uramid acids, or combinations of amido acids with the group CONH. 2. Certain other amido acids, such as glycocoll, leucin, asparaginic acids, which are products of the disintegration of albumen, when administered with the food, lead to augmented excretion of urea. 3. After the ingestion of sal ammoniac, the greater part of the nitrogen appears as urea in the urine. 4. In the course of the oxidation of glycocoll, leucin, etc., in an alkaline solution outside the body, carbaminic acid is formed, the salts of which are found in the blood. On repeating and extending the researches that led to the above conclusions, he has satisfied himself that at some stage of the disintegration of nitrogenous substances cyanic acid (or carbaminic acid) is formed in the body; secondly, that both glycocoll and sarcosin cause considerable increase in the amount of urea excreted, without producing more than a small increase of the amount of disintegration of the albumen; and, thirdly, he agrees with Drechsel in thinking that albumen ingested as food breaks up into leucin, tyrosin, etc.; these undergo oxidation, and form carbaminate of soda, which splits up, perhaps under the influence of a ferment, into urea and carbonate of soda.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Some Special Affections of the Œsophagus." By F. W. Godon, M. D. (Reprint from the *Pacific Medical and Surgical Journal.*) This is a summary of the diseases peculiar to the tract, and is read with interest as a representative of the latest researches in this new field of study. The method of Hamburger in auscultating the tube is amplified, and the "sound" as described by Mackenzie reviewed. The reckless or empirical use of bougies or probangs is wisely condemned, and a happy substitute, galvanism, tendered. The remaining pages are surrendered to clinical reports of cases under treatment. The essay hawks no theories, makes no cross-views of the sentiments of others, but in easy style shows up the author's experience.

——"On Stricture as the Initial Cause of Gleet." By Fessenden N. Otis, M. D. A reply to the paper of Dr. Sands on the same subject. The plea of this retort is the disparagement, as the author construes it, by Sands, of the value of the factor, stricture, in all equations of gleet. Dr. Otis is needlessly sensitive about slights paid to his revelations in the urethra, and is not justified in boxing an author because *his* discovery is not noted as "patented." There is really no sensible discord in the convictions of the two professors. Sands enumerates three conditions of gleet, the last of which is stricture. Otis contends that the order should be reversed. Swords are next crossed on the precise amount of urethral inflammation necessary to produce contraction, and another tilt is enjoyed in comparing the significance as allowed by each to the various metric measurements of urethral calibre under congestion.

——"Medical Addresses." Cotting. These are three, and respectively titled—"Nature in Disease;" "Disease, a Part of the Plan of Creation;" and, "My First Question, its Solution a Sure Basis for Rational Therapeutics."

Each is an expansion of the same sentiment, and all can, for economy's sake, be pared down to a single discourse. The warrant for these addresses is the desire to annihilate the faith of the vulgar in the power of positive medication, and to teach that the organism, vaguely called "Nature," has enough vitality to rise, *without help*, above occasional infelicities. The term "nature in disease" sounds to us pseudonymous. This, like its synonym, φυσις, is too general; mind, as well as matter, is included. Custom only has contracted the claims of the term, and as now restricted it speaks merely of matter's activity. The organic force (after Müller) is a more suitable correlative, and its laws give us a better apprehension of the reason of being. The exclusivism of nature's potentiality to heal is not sustained by the author, and a number of tolerably fair concessions to the necessity, at times, of drugs pleasantly relieves the essays of any strong odor of dogmatism. Cotting seldom soars in thought, and never sinks to inanity. The tenor of the argument is always even, and the judgments are the same as constitute the strength of other defences of the subject. The book will regale all the alumni of this new school of philosophy.

BOOK NOTICES.

The Moral Aspects of Vivisection. By Frances Power Cobbe. Published by the Women's Branch of Pennsylvania Society for Prevention of Cruelty to Animals.

The age bids high for the polemic in literature. The more controversial an essay is, the more voracious are we for it. This relish for the racy, particularly the *ascetic*, may be fathered on a common love for stimulus. We hurry to see a steeple-chase, we want our gin-cocktails to bite, and we hanker just as much for the red-pepper in quill-scuffles. Then, too, the neoteric revolutions in every field of thought, the strange departures in religion, the startling upheavals in science, bring out belligerents everywhere. No picket is nabbed without some show of fight. The author is one of these videttes. Her patrol, however, involves no special risk, except the stigma of a fossil. She enjoys a dispute, and fires shot with a sparkle of the eye; but her temperament is not gally nor malevolent. She peddles the "milk of human kindness," but her customers are dogs and cats. Miss Cobbe's blood chills at the cries of these creatures under the scalpel of science, and her ban against the practice is issued. The essay before us is a maranatha on experimental physiology. The spirit of it is quite an exception to the usual *ex cathedrâ* dissertations. Cobbe uses invective, because she feels the

power of the right. The truth makes her defiant. Her honesty of conviction is so sturdy, that in her sallies on her opponents she cannot help slaying them or bringing them to terms. Every sentence *does* tell; all are stocked with an intention; there are no interpolations of foreign matter; the entire essay has conviction in view, and is born of the author's earnest sympathy for the brute. The real merits of vivisection are noted, the demands of science are allowed, but the necessity of mutilation or the immolation of dumb animals on the altar of a barren curiosity is ably gainsayed. The hit of the essay is this: that explorations in physiology need not be public; that the actual confirmation of special discoveries, if authenticated, is not imperative; that the fashionable practice of *cutting up whatever crawls, just to see why it crawls*, is a prostitution of the science. The proofs, as well as the exhibition of them, are irresistible; and, what is a marvel, there is no inaccuracy of quotations. Miss Cobbe may lay the pen down, as there is no chance for any rejoinder.

Lectures on Orthopædic Surgery and Diseases of the Joints. Delivered at Bellevue Hospital Medical College During the Winter Session of 1874–75. By Lewis A. Sayre, M. D., Professor of Orthopædic Surgery, Fractures and Dislocations, and Clinical Surgery, in Bellevue Hospital Medical College, etc., etc. Illustrated by 274 Wood Engravings. New York, D. Appleton & Co., 1876. 1 vol., 8vo, pp. 476. Price, cloth, $5.00.

Few works on surgery, it is safe to predict, will command the attention of the profession so generally as this. The original conceptions and skillful execution of the author are familiar to all who are, in any degree, acquainted with American surgery. His methods of treatment have excited lively attention in Europe, as well as at home, and as he has rarely appeared through the press, there has been, as was recently shown in this journal, considerable misapprehension of his principles of treatment, as well as of the details of his operations.

Without pretending to enter into these, or to compare them with the more familiar plans, we shall give a notion of the scope of the work, referring our readers to its pages for more complete information.

After a few preliminary paragraphs, of a historical character, the author proceeds to the discussion of deformities, commencing with their kinds and causes. Of the latter, particular prominence is given to reflex muscular contractions from congenital phimosis and adherent prepuce. We believe this etiological moment was pointed out by Professor Sayre, and its appreciation in his third lecture is most full and satisfying. On the subject of treatment, his directions are explicit and cannot be too carefully studied. For instance, the warning, in using electricity, to place the contracted muscle in its normal position, before applying the current, is a suggestion of the utmost clinical significance. Not less so are the recommendations (on pages 42, 43), clinched by a most melancholy instance of their neglect, concerning the necessity of manipulations when using the fixed apparatus.

Five lectures are devoted to talipes; in them the apparatus invented by the author, and the plans of treatment by operations and splints, are set forth. Among the latter he selects for especial commendation the porous felt splint invented by Dr. David Ahl, the merits of which have at several times been set forth in this journal.

In the twelfth lecture, corns bunions, ingrowing toe nails, and similar minor matters are discoursed upon. Dr. Sayre very justly says that these are by no means beneath the notice of the surgeon, and he illustrates the fact by some happy anecdotes.

The remainder of the volume is given to diseases of the joints. The ankle, the knee, the hip, the spine, and anchylosis, are treated in the order given. The articles on morbus coxarius are not surpassed in value by any passages in surgical literature. Dr. Sayre's name will be honorably connected with the history of the management of this disease whenever in the future the development of surgical procedures is under discussion. No other authority at all compares with him in sound advice and beneficent results.

What we have said, though it states imperfectly the scope of the work, does so, it is hoped, sufficiently to induce every reader who proposes to treat these surgical diseases to buy and study it diligently. Without a knowledge of its contents he is not qualified to undertake their management.

THE

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D. G. BRINTON, M. D., EDITOR.

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115 South Seventh Street,
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SCHOOLS FOR NURSES.

The subject of the training of nurses is attracting deserved attention at the present time. As has been heretofore mentioned in this journal, the subject has been earnestly advocated before the Social Science and other similar associations, by Dr. JOHN H. PACKARD, of this city.

It appears that at present there are only five schools of the kind in the United States. Besides the Woman's Hospital, of this city, there are two in New York, one in Boston, and one in New Haven. When the population and social conditions of the large cities in the United States are considered, it will be evident, on the one hand, that the demand for nurses must be far greater than these five schools can supply; and, on the other hand, that the material out of which the best class of nurses can be made must be abundantly forthcoming. The schools at present existing are under the training of volunteer associations, and are all attached, either wholly or partly, to large general hospitals. The only hospital, however, which has its own training school for nurses, under the control of its own Board of Managers, is the Woman's Hospital, of Philadelphia; and they, aware of the necessity for a wider field of instruction than is afforded by a special institution, have, within a few months, made arrangements for the admission of their pupils to the wards of the large hospital connected with the Blockley Almshouse.

A question will arise, in connection with this subject of nurse-training, whether it would be better to have a general association in each large city, as, for instance, in Philadelphia, where there are twelve hospitals, to take charge of the organizing of schools, and to constitute a central bureau of administration. The regulations of the existing schools do not vary in any very material points, the greatest difference existing in the term of instruction. This is, in Boston and New York, two years; in New Haven, fifteen months; and in Philadelphia, one year. In this matter, the expenditure of two years is surely not too much. The training of the nurses is a matter involving the comfort, and, perhaps, the lives of those of whom they are to have charge. The items of instruction involve the management of the lighting, ventilation, temperature, cleaning and tidying of the room, the changing of bed-clothes and body-clothes, the handling of the patient, the avoidance of noise, the administration of medicines, the proper reception and removal of discharges, disinfection, the preparation and administration of food. Another most important function of the nurse is to watch the patient, and to give the physician a clear and truthful report of what takes place between his visits.

In London, not long since, a lecture on the same topic was delivered before the Social Science Association, by Miss FLORENCE LEES, Superintendent-General of the Metropolitan and National Association for Providing Trained

Nurses for the Sick Poor. Dr. Sieveking presided, and, introducing Miss Lees, said the subject on which she proposed to speak she had worked at, both abroad and in this country, among rich and poor, and probably no one was more able to give an opinion on the subject. Miss Lees explained in detail the necessity that existed for making nursing a study, in order that those who followed it might secure the "social position and material awards" which belonged and were generally accorded to those who combined a scientific education with a useful calling; and in calling attention to the present serious sanitary defects among the lower classes, she strongly appealed to those interested in the poor to do all they could to provide our laboring classes with proper instruction on these subjects. She also most justly urged that these training schools for nurses should be made self-supporting, and not dependent on charity. She claimed, moreover, that there is no intrinsic difficulty in accomplishing this.

Physicians who attend on hospitals throughout our country should make this a matter of serious study. Every large hospital should have as an adjunct such a training school. Both the patients in the hospital and those in private families would be greatly the gainers.

DR. GEORGE H. NAPHEYS.

The brief words which appeared in the newspapers of this city on the second of July—

Napheys.—On the 1st instant, Dr. George H. Napheys.

doubtless sent a thrill of sadness through many another heart, as they did through his who pens this insufficient tribute to the memory of this young, gifted and genial member of our profession.

To those who have been familiar with the publications of this office, his name has long been known. Graduating from the Jefferson Medical College in 1866, he commenced at once supplying reports of clinical lectures to this journal. A rapid stenographer and skillful penman, his renditions were highly commended by the professors and praised by readers. This success led him to employ his leisure in collecting material for a series of works on therapeutics, addressed to the profession, and for the infinitely more difficult task of a series of essays on personal hygiene and popular medicine. Ten years ago this was a more daring step than it would be now, for professional prejudice has yielded much on this point since that date.

With characteristic intrepidity, his first volume comprised the most delicate and difficult part of the whole topic, that which is occupied with the physiological and mental functions of woman. Choosing as his model the charming treatise of Roussel, "*Systeme Physique et Moral de la Femme*," he composed a volume which, in felicity of expression and singular delicacy of thought, surpassed even that masterpiece. "*The Physical Life of Woman*," first published in 1869, took both the profession and the public by storm. The most eminent physicians and all the leading medical journals bestowed upon it the very highest encomiums. Matters of private hygiene, of vital interest but so difficult to explain without offense that even parents shun them, were here discussed with scientific fullness, but in language of such marvelous aptness that the most sensitive could take no offense, the chastest soul receive no tarnish.

The reception from the reading public was overwhelming. We are credibly informed that in less than three years over one hundred thousand copies of the work were sold, not counting editions printed in Canada and England.

The next year appeared the "*Modern Therapeutics*," a most admirable conspectus of the modern methods of treatment, both in hospitals and private practice. Its success with the profession was as signal as was the "*Physical Life of Woman*" with the people. Three editions were printed in rapid succession, and a fourth has long been demanded. The preparation of

this the author was engaged upon at the time of his last illness.

Two other works, parts of the series he designed for popular instruction, have also appeared, "The Transmission of Life," a treatise intended to supply the same information to the male sex which his first publication did to the female, and a general work on the prevention and cure of disease.

In the meantime he acted as assistant editor of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE and of some other publications of this office, as well as contributed freely to medical and general literature in other directions.

This activity was interrupted by two visits to Europe, one extending over nearly three years. During these journeys he continued to collect and observe, and added much to his materials for literary labor. Shortly after his second return, however, during the July heats of last year, and at a period when his powers had been taxed to their utmost by intense and painful emotions, as well as by protracted mental effort, he experienced an apoplectiform seizure, followed by unconsciousness of a number of hours' duration.

After this his friends could not but notice an ominous change in his disposition. Though seemingly physically restored, he lost his interest in study and labor, secluded himself more and more from social intercourse, and was evidently yielding to a profound melancholia. The earnest efforts of devoted relatives and friends were unavailing in rescuing him from this mental malady. Overcome at last by its increasing strength, he yielded to one of the impulses it so frequently inspires, and terminated his own life by a hypodermic injection of a narcotic on July 1st. When found, his dying hands clasped, in the one a lock of hair and in the other the portrait of her whose early death had taken, as to him, all sweetness out of living, all purpose out of striving.

Thus did our unfortunate associate close his short yet brilliant career. The emotions, the tender sentiments he has described with such a magical pen, he felt himself with an unmatched keenness. They mastered his whole frame with an intensity surpassing all romance. His descriptions of the passions, descriptions which have been the wonder of thousands, such is their fire and temper, were not rhetorical studies, but the ebullition of a soul sensitive to their lightest breath, and not shunning their wildest tempests.

The genius which dictated the lines he has left us is not to be judged by the conventionalities which suit the cold temperaments of ordinary men; there is a strong vein of egotism in most devotion; but here was one who felt "all is lost, when love is lost."

Of his unfinished labors we are not now prepared to speak. Smitten in the midst of his ambitions, by a blow from which he never rallied, various imperfect works have been left. Whether they are in such a state of forwardness that other hands can complete them, will, no doubt, be ascertained by his representatives.

NOTES AND COMMENTS.

Ulcers of the Cornea.

In an article in the Richmond and Louisville *Medical Journal*, Dr. J. G. Brooks observes:—

The little superficial, non-inflammatory ulcer of the cornea, which is of so much annoyance to the surgeon, is simply a destruction of the superficial layer of the cornea. It neither has a tendency to heal nor grow worse. It looks as if a little piece of the external coat had been nipped out with some sharp cutting instrument, and would pass unnoticed by an unpracticed eye if the glasses were not used. It is not very painful to the patient, but is of great annoyance, because it interferes with vision, and at times the eye feels quite uncomfortable. I find scraping the ulcer and a mild caustic application, with the bandage applied continuously, all that is generally required.

Dr. Martinache, an eminent oculist of San Francisco, asked me on one occasion to visit the hospital of that place with him and see the result of the use of the actual cautery on all

ulcers of the cornea. He showed me one case which he said had been cauterized only four days previous, and it was nearly healed. An article soon appeared in a medical journal of San Francisco, in which he affirmed that this mode is superior to all others for the cure of ulcers of the cornea, but I think it would require a more extensive use to guarantee the assertion and establish it as a fact.

Specific Against Hydrophobia.

Dr. Grzyvala, of Krivoe Ozero, Podolia, for whose trustworthiness Professor Gubler, of Paris, vouches, declares that, after a series of crucial trials, which he describes at length, he has found that, after having had opportunities of treating at least one hundred cases of men bitten by rabid dogs with the *Xanthium Spinosum*, he has never in any one of these cases failed to ward off hydrophobia. He gives some startling examples. During the Crimean war, a family of twelve persons had been bitten by a hydrophobic wolf. Six of them entered his wards in the hospital of Olschanka, government of Podolia, district of Balta. They were treated with infusion of the leaves of xanthium, and all recovered. The six others, who were treated by the actual cautery and the daily use of genesta tinctoria and other drugs, died with hydrophobia in the course of twelve to sixty days. He recounts many other facts not less striking. For an adult, the dose is sixty centigrammes of the dry powder, repeated three times a day, and continued during six weeks. Children under twelve take half that quantity. The dose for animals is much larger. A herd of thirty oxen had been bitten by a mad wolf; eight had succumbed with symptoms of hydrophobia. The Commissary of Police came to Dr. Grzyvala for his "anti-rabic powder." He gave three ounces of the powder, with bran, daily, to each of the animals; none of them suffered from the disease. These are examples, of which Dr. Grzyvala says he has a hundred others. The *British Medical Journal*, from which we glean the above, recommends the trial of the plan.

On Tuberculosis in Children.

Before the Clinical Society of London, at a late meeting, Dr. W. H. Day read a paper on the above subject. He described tuberculosis as a constitutional febrile affection, occurring chiefly in children of rapid growth and active intellects. Tubercle was a new growth liable to undergo degeneration. It was often found after inflammatory affections, accompanied by marked debility. It was also apt to pass suddenly from a quiescent to an active condition. Neglected ailments were apt to pass into tuberculosis. Cavities were very rare in the lungs of children. He did not hold that rapid general dispersion was a characteristic of tuberculosis. It was not easy to separate the factor of inheritance from the influence of the environment. Age was a great predisposing cause of tuberculosis. Children brought up by hand were apt to become tubercular. Defective nutrition favors such development. Tubercle histologically was closely allied to the exudations formed in depraved or cachectic conditions. The anatomical characters of the product were determined by the cachexia. Indifferent health might go on for some time without actual disease, until some accident lighted it up. Bronchitis often accompanied or concealed pulmonary tuberculosis. The rise of temperature was very significant. A temperature of 106° was not unknown during the formation of tubercle. Sweating was common. It was not the normal sweating of pyretic defervescence, but was due to exhaustion. The pulse, too, was rapid. The rapidity of the pulse was of less significance the less the temperature was affected. Tuberculosis was recovered from in favorable cases. The treatment comprised three main measures: quiet, quinine, and cod-liver oil.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter V.

THE GERMAN MILITARY SURGERY.

Centennial Exhibition, June 29th, 1876.

Ed. Med. and Surg. Reporter:—

To the thoughtful mind, there can be no more gratifying evidence of the progress of the race in what is good and great than this Exhibition. The secrecy and jealousy of nations, guilds and firms are done away with, and processes and results are boldly shown in friendly rivalry. But most of all did this progress impress me when strolling through the European exhibits. I came so often on the red cross of the Geneva Convention, showing with what

unanimity the kind-hearted are at work to diminish the horrors of war, and to overpower the effects of national hatreds by the mighty light of universal brotherhood.

In the spaces assigned to Netherland, Belgium and Germany, may be found a full selection of books, protocols, reports, plans and maps, published by the Geneva Convention and its various branches, such as the Berlin Aid Society, the United German Aid Societies in War, the Woman's Patriotic Union, the Netherland Societies of Assistance, etc. There must be sixty or seventy volumes, some of large bulk, setting forth the history and objects of these beneficent organizations.

In close connection with them is the attention given to military surgery, and the general topic of caring for the sick and wounded in time of war. By no nation—if we except our own, and this I think we may justly do—have these topics been more fruitfully studied, if I may judge from this international display, than by the Germans. Their recent and large, though short experience, has taught them much.

South of the rich display of musical instruments, which forms so conspicuous a feature in the exhibit from the German empire in the Main Building, is a collection which will occupy for a number of hours the attention of the studious practitioner, especially if he has surgical tendencies. This is the representation of objects sent by the German surgeons and surgical purveyors.

The most extensive collection is that of materials for the transportation and dressing of the sick and wounded in field service, made by the members of the sanitary detachment of the Fourteenth Army Corps, under the direction of corps medical director Dr. Bernhard Beck, of Carlsruhe. These illustrate the use of straw in military surgery. It includes twenty straw splints of different sizes, for dressing gunshot wounds of the upper and lower extremities on the field. Two straw mats are also shown, applicable to the same purpose. Rolls and rests for fracture of the lower extremity, wedge-shaped pillows for those of the upper third of the femur, and wraps for wounds of the abdomen, of the same cheap and easily obtainable material, are exhibited. There is also a plaited straw litter, designed for the transportation of the severely wounded from the field to the field-hospital, and which could also be readily adjusted in a cart, wagon, ambulance, or car, so that it furnishes an elastic and comfortable bed for even long journeys.

Two very handsomely finished models of cars are sent by the Board of Directors of a South Prussian railroad, the Niederschlesisch Maerkischen Eisenbahn, one-fifth the natural size, the one showing a carriage for transporting sick and wounded, the other a kitchen car. Both are fully equipped, the former with beds, stretchers, litters, etc., the latter with a stove, dishes, pots, pans, cupboards, and whatever is needed to set out a "square meal."

A similar model, near by, sent by Mr. A. H. Plambeck, of Hamburg, represents a baggage train completely equipped as a movable hospital. The same exhibitor shows six stretchers, with hooks, ropes, and necessary rigging to attach them to the inside of an ambulance or car; also a frame to support two stretchers, with furniture complete, including two mattresses, two cushions, two pillows, four blankets, and two coverlids. Such a frame can be placed in a baggage car, or even a country cart, and over the roughest roads will afford a very comfortable resting place for a wounded man.

The eminent surgeon, Dr. Frederick Esmarch, of Kiel, has transmitted many proofs of his beneficent industry. Two knapsacks for field dressing; one pocket dressing case for volunteer assistants on the field; a chloroform inhaler; two packs for bandages; two boxes containing the necessary apparatus for his celebrated "bloodless" operations; another with all the materials for plaster-of-paris dressings; a dozen large colored prints, showing the various processes for the "bloodless" method in amputations; materials for elastic extension, to be used in transporting recent fractures of the femur; a number of books, etc., attest the activity of this distinguished representative of German military surgery.

Interesting to compare with the models of military hospitals in the United States Army Medical Department, which I mentioned in previous letters, are, one in the section I am now describing, constructed by Dr. H. Niese, of Altona, and one in the Austrian department, by Dr. Zsigmondy, of Vienna. The latter is especially designed to exhibit the system of warming and ventilation recommended by Meissner. It shows the plan of a ward of sixteen beds, besides those for the ward master and assistant; the former is double that capacity, and has special reference to the requirements of barrack life.

In conclusion I may merely mention, as further objects of interest, the model dressing case, sent by the Central Committee of the German Aid Societies in War; the field case of Langenbeck, exhibited by Chr. Schmidt, of Berlin, and the methods of extempore bandaging for wounds, exhibited on plaster casts, by the Central Committee of the Bavarian Societies for the care of the Sick and Wounded in War. Yours, A.

News and Miscellany.

The American Public Health Association

Will meet this year in Boston, October 3–6th.

The Executive Committee has recommended that for this meeting the leading discourses, papers and discussions, shall be arranged under the following divisions of subjects:—

I. Legislation and the Applications of Law for Public Health Purposes.

II. Dangerous Employments and Harmful Processes and Products.

III. Surveys and other Expert and Systematic Works for Public Health Purposes.

Special subjects for discussion will be:—The Sanitary Regulation of Abattoirs, Expert Testimony, Measures for the Prevention of Yellow Fever, The Influence of Private and Public Buildings on Public Hygiene, and Illuminating Gas in Relation to Health.

Dr. Austin Flint will deliver a discourse on "Food in its Relations to Personal and Public Health"; and Mr. Charles Francis Adams, Jr., will submit a series of propositions in reference to increasing safety in traveling.

University of Ann Arbor.

We have been requested to state, in reference to the Medical Department of the University of Michigan, that it embraces two distinct faculties, one regular and one homœopathic. They are entirely separate, having no corporate connection whatever.

The Last Revolutionary Pensioner.

Among other items of correspondence received at the Ohio State Building is one over the signature of Commissioner of Pensions Bentley, stating that the last survivor of the pensioners of the Revolution was a resident of Ohio, named John Gray, who enlisted in 1781, and died in Noble County, Ohio, March 29, 1868.

Items.

—In the Swiss Universities of Berne and Zurich, last winter, there were sixty-three female students, of whom eight were Americans.

—The Ohio *Medical and Surgical Journal* and the Ohio *Medical Recorder* have been commenced in Columbus, Ohio. The opening numbers are creditable.

Personal.

—Dr. John Osgood Stone, of New York City, fell down dead one day last month. When he left home, an hour or so previous, he was apparently in perfect health. He was in the 65th year of his age. He was for several years a member of the Board of Health.

OBITUARY.

DR. F. K. BAILEY.

A wide circle of friends will be saddened by the news of the death of Dr. Frederick K. Bailey, of Knoxville, Tennessee, widely known and honored for his numerous and esteemed contributions to medical literature, as well as for his excellent personal qualities.

Dr. Bailey received his diploma from Castleton Medical College, Vermont, in 1837, and, moving westward, practiced in Michigan, and Joliet, Illinois, for twenty years, with much success. Shortly after the war broke out he left civil practice, and entered the service as Acting Assistant Surgeon. He was stationed the greater part of his time at Quincy, Illinois, in charge of one of the United States general hospitals established at that point. It was at this time that the writer of these lines first met him, and the intelligence, courtesy and kindliness which then impressed him, in Dr. Bailey's conversation and bearing, led to a friendship and correspondence which did not cease till it is now severed by death.

When the war closed he removed to Knoxville, Tennessee, and soon entered upon a large practice, and won the esteem of his professional neighbors. He was elected President of the Medical Society of East Tennessee, and appointed United States Examining Surgeon for pensions. About a year ago pulmonary hemorrhage and other symptoms of serious thoracic troubles manifested themselves, which gradually led to his decease last month, in the sixtieth year of his age. B.

DR. JOHN S. PARRY.

At a stated meeting of the College of Physicians and Surgeons of Philadelphia, held May 3d, on motion of Dr. Alfred Stillé, the following minute was ordered to be placed on the records:—

"The College of Physicians having learned with deep regret the death of their late Fellow, Dr. John S. Parry, and being desirous of expressing their estimate of his character and attainments, have adopted the following resolutions:—

"1. That his natural acuteness of mind, stimulated by an ardent love of knowledge, a thorough general education, and the cultivation of natural history, prepared him for the distinction he gained as an industrious, cautious and intelligent investigator of disease, and led him constantly to aim, above all things, at discovering and teaching truth in its simplicity.

"2. That our medical community has hardly furnished another example of a physician who, at so early an age, performed so much substantial work, exhibited so clear an insight into the subjects that he studied, or more fully illustrated the value of clinical experience guided by a sound judgment, and elaborated by literary and scientific skill.

"That Dr. Parry's modesty was as sensitive as his consciousness of power was decided; that the affability of his manners and the simplicity of his mode of life, his virtuous, frank and honorable conduct, his patience under prolonged suffering and his resignation to his untimely fate, were in beautiful harmony with his earnest love of truth, and his zealous efforts to advance professional knowledge.

"4. That these resolutions be published in the medical journals of this city, and that a copy of them, duly attested, be presented to the family of Dr. Parry."

JOHN H. PACKARD, *Secretary.*

MARRIAGES.

BATEMAN—GOFF.—At Fairton, N. J., on Wednesday, June 14th, by the Rev. S. R. Anderson, assisted by the Rev. J. K. Wilson, Robert M. Bateman, M. D., of Cedarville, N. J., and Miss Louie S. Goff, of the former place.

CARLTON—BRANNOCK.—On Monday evening, June 19th, at 9 o'clock, at the residence of the bride's father, by Rev. G. W. Leonard, Hubbard Gardiner Carlton, Esq., of Richmond, Va., and Miss Ethel, only daughter of J. Madison Brannock, M. D., of McKenzie, Tennessee.

HUMSTON—MCINTOSH.—At the residence of Mrs. Eliza M. McIntosh, Beverly, Ohio, on Tuesday evening, 30th May, by the Rev. Mr. Boyd, of the Episcopal Church, Marietta, Ohio, Dr. C. M. Humston, of Morocco, Ind., and Miss Jessie F. McIntosh.